

VA San Diego Healthcare System/UCSD Clinical Psychology Postdoctoral Residency Program 2016 - 2017 Program Brochure

Veterans Affairs San Diego Healthcare
System 3350 La Jolla Village Drive (116B)
San Diego, California 92161



Table of Contents

Introduction.....	3
Facilities.....	3
Qualifications, Funding, and Benefits	4
Training Program Structure.....	5
Specific Residency Positions.....	6
Supervision	12
Seminars.....	13
Other Educational Opportunities for Postdoctoral Fellows	14
Research/Dissemination Project Opportunities and Expectations	14
Core Competencies	15
Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence.....	17
Evaluation Process	17
Application and Selection Process	18
Contacting the Psychology Service.....	20

Introduction

The purpose of this brochure is to describe the VASDHS/UCSD Clinical Psychology Postdoctoral Residency Program. Our postdoctoral training program is based on the scientist-practitioner model, focused on creating a foundation in clinical and research/dissemination practices. The goal of the program is to provide training to clinical psychology postdoctoral residents to prepare them for careers as independent practitioners able to translate the scientific literature into sound, evidenced-based interventions and to evaluate and disseminate these approaches. At the end of the program, residents are prepared for VA or university medical center careers that integrate clinical, training, research and leadership activities. Residents are selected for one of 13 available positions. The program does not offer training in any substantive specialty practice areas. The program emphasizes training in the professional practice of clinical psychology. Residents spend the majority of their time in the provision of psychological services (60-65%), with 20% time devoted to clinical research and 10-15% devoted to didactics. Residents will learn to deliver high quality clinical care, to be critical contributors to and consumers of the scientific literature, and to let each of these areas inform the other. The VASDHS/UCSD Clinical Psychology Postdoctoral Residency Program is accredited by the American Psychological Association and has been since 2010. Our website is located at: http://www.sandiego.va.gov/careers/psychology_training.asp.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American
Psychological Association
740 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Facilities

Postdoctoral residents will work in one of a variety of VASDHS facilities (<http://www.sandiego.va.gov/>). VASDHS provides a full range of patient care services including inpatient and outpatient care, with state-of-the-art technology as well as education and research. VASDHS is a teaching hospital system whose main campus is situated adjacent to the UCSD campus. Outpatient care is also available at five Community Based Outpatient Clinics (CBOCs) located in Mission Valley, the Rio Clinic, Oceanside, Escondido, and Chula Vista. The VASDHS Mental Health Care Line serves Veterans who reside in San Diego and Imperial counties and provides general and specialized inpatient and outpatient psychiatric services. Residents will provide a full continuum of evidence based psychological services including screenings, formal assessments, consultation, individual and group treatment, and psycho-education.

UCSD <http://ucsd.edu/> is one of nine campuses of the University of California. UCSD curricula and programs have been singled out for top rankings in national surveys at both undergraduate and graduate levels. In terms of federal research and developmental funding, it is currently in the top six universities. The [UCSD Department of Psychiatry](#) was established in 1970 and has over 130 full-time faculty members. A primary objective of the Department of Psychiatry at UCSD is to offer an eclectic program of training that emphasizes the integration of relevant biological, psychological, family and preventive medicine, and sociological variables in the understanding of human behavior. The UCSD Department of Psychiatry is strongly integrated within the VASDHS, and together they offer a rich clinical and research environment. Many successful joint programs are currently in operation under the umbrella of an inter-agency sharing agreement. Noteworthy among these programs is a four-year Residency in General Psychiatry; a two-year Fellowship in Child Psychiatry; psychiatric fellowships in Geropsychiatry, an APA-accredited Joint Doctoral Program in Clinical Psychology; and an APA-accredited Internship in Professional Psychology. The mission of both the UCSD School of Medicine and the VASDHS include a strong emphasis on clinical care, professional training, and research; and both are nationally renowned for strong clinical, teaching, and research programs.

The VASDHS Psychology Service, part of the Mental Health Care Line, is focused on providing evidence-based assessments and treatments to improve the emotional and cognitive well-being of Veterans. It is an academically oriented service that shares the VA mission of excellence in clinical care, training, and clinically-focused research. Currently accessible to the postdoctoral residents are over 60 part-and full time doctoral-level clinical psychologists, as well as psychiatrists, social workers, nursing staff, psychology technicians, vocational rehabilitation specialists, occupational therapists, peer support specialists, and administrative support staff. Many of the major sub-specialties of clinical psychology are also represented on the staff, including neuropsychology, geropsychology, couple therapy, substance use disorder treatment, day treatment for chronic patients, behavioral medicine, posttraumatic stress disorder, and related psychology research. There are complete facilities at the VA for computer assisted psychological testing and videotaping of therapy sessions. All medical records charting and scheduling is done electronically.

Qualifications, Funding, and Benefits

Requirements for consideration are 1) completion of an APA-accredited doctorate in clinical or counseling psychology (proof of completion of all requirements for the doctorate may be required, e.g., transcript showing completion or a letter from the Director of Training) and an APA-accredited internship in professional psychology, 2) US citizenship (as required by VA), and 3) males born after December 31, 1959 must have registered for the draft by age 26 years (as required by VA).

Desirable qualifications include experience using evidence-based interventions, and career goals involving clinical, research, leadership and dissemination activities involving

evidence-based practices in university-affiliated or VA or other medical center setting. Recruitment of individuals from diverse social and economic backgrounds and diverse cultural and demographic groups is a high priority.

All residents are funded through postdoctoral stipends from the Office of Academic Affiliations (OAA) Department of Veterans Affairs. Stipends are currently \$45,950 with benefits plus co-pay. Funds from VASDHS Psychology, Psychiatry, and Education Service budgets are used to cover program needs such as office and testing supplies, computers, copying educational materials, publication of program brochures, etc.

Training Program Structure

Training focuses primarily on clinical assessment and evidenced-based treatment of a range of psychiatric disorders within a multidisciplinary setting. Additionally, the program allows an opportunity for program evaluation and research, as well as teaching and dissemination through direct, mentored supervision of psychology interns and/or practicum students, and formal presentations and lectures to academic, medical, and community audiences. The program is designed to offer a broad range of experiences to develop a number of core professional competencies (described below) that build on the interests of the resident and the particular strengths of our faculty and department. Residents have a shared responsibility in designing and planning their residency experience in collaboration with their mentoring committee. The residency requires a 366 day commitment from September 1 to September 1. In those instances in which the first day of the residency is a holiday (i.e., Labor Day), the training program will start the following day and the residency will terminate 366 days later.

Residents generally work 40 hours per week, although professional responsibilities may extend the work week beyond its customary 40 hours at various times throughout the year. Some residents will choose to work more than 40 hours per week. Additionally, some placements require evening clinics on one night of the week. In these instances, residents' schedules will be adjusted so that the evening clinics are incorporated into the 40 hour work week. Residents and supervisors will negotiate the exact schedule to meet the needs of the clinic and the resident. Residents will complete 2,080 hours of supervised professional experience across the training year, which is well above the minimum of 1,500 postdoctoral supervised professional experience hours required for licensure in California. General office hours are 8:00 a.m. to 4:30 p.m. Monday through Friday; any deviation from this schedule must be approved by the primary supervisor and Training Director. In each calendar year there are 10 federal holidays. There are 13 sick leave days and 13 annual leave days, which are accrued during residency. There are no part-time residents.

The 12-month training year begins with an orientation week in which residents are oriented to the VASDHS and receive an introduction to their clinical placements. Orientation includes an overview of policy and procedures, competency objectives and evaluation procedures. VASDHS requires residents to participate in New Employee Orientation (NEO).

Trainees also must complete a 90-minute online training that is intended to take the place of all the hospital annual mandatory training modules. The site can be accessed at: <http://vaww.va.gov/oaa/mandatory.asp>.

During the orientation period, the supervisors and residents evaluate each trainee's strengths and weaknesses and develop an individualized training plan for the residency year. This plan outlines the resident's responsibilities, including the proportion of time devoted to each training activity. Every resident must have a training plan approved by the Training Director(s) by the end of the first month of training.

Training includes: 1] supervised clinical experiences with Veterans and families on multidisciplinary treatment teams at specific inpatient, outpatient and community clinics (60-65% effort; includes receipt and provision of supervision, face-to-face clinical hours, preparation for clinical efforts, etc.); 2] didactics and training activities (10-15% effort); and 3] research/dissemination activities (20% effort).

All Residents are expected to:

- Collaborate with and directly provide services to people with mental illness;
- Conduct evidence-based assessments and deliver evidence-based practices;
- Obtain experience with the delivery of clinical supervision
- Participate on interprofessional treatment teams;
- Attend required seminars and trainings;
- Conduct research/program evaluation and disseminate evidence-based services.

A developmental training approach will be used for the clinical training in which learning objectives are accomplished primarily through experiential clinical learning under supervision and mentoring by the resident's supervisors. A resident's clinical training follows a progression from observing supervisor modeling (in vivo service delivery and role plays in supervision), to delivering services with direct observation of resident-delivered services by the supervisor and/or with supervisor and resident as co-therapists, to increasingly autonomous, albeit monitored and supervised, service delivery. In the beginning of the training year, caseloads are lower, with increasing intensity as the year progresses.

Specific Residency Positions

Residency positions are funded by the Department of Veterans Affairs, Office of Academic Affiliations. The goal of the residency is to train postdoctoral residents to deliver evidence-based psychotherapy, disseminate these approaches and critically evaluate new approaches. The rationale for focusing on evidence-based psychotherapy is that veterans and other consumers of mental health treatment deserve access to treatments that are known to be effective. Dissemination of evidence-based treatment approaches is critical because many mental health providers do not have access to or do not avail themselves of such training. Residents will be prepared to help other mental health professionals appreciate the value of

evidence-based care and train their colleagues to deliver such care. Residents will learn to deliver evidence-based psychotherapies in a recovery model context, including developing personalized functioning goals and participating actively in treatment by choosing from a menu of treatment program opportunities, including inpatient and outpatient services, medication management, vocational skills development, psychoeducation, social skills training, illness management and recovery, cognitive/behavioral therapy, substance use/dual-diagnosis treatment, and community integration resources. The goal is to both reduce symptoms and improve quality of life by improving functional behaviors. Finally, clinicians must be good consumers of the scientific literature to keep their clinical practice state-of-the-art. Residents are selected for one of the primary training experiences (described below) and train in that setting for the entire year. A minor rotation, which will include involvement in a secondary clinical setting, may be possible if it aligns with the resident's training goals and approved by the Training Director(s).

A. Mission Valley PTSD: The resident in this position provides assessment and psychotherapy for veterans in all service eras with PTSD due to combat, military training, or military duty trauma as part of the PTSD Clinical Team at the Mission Valley Community Based Outpatient Clinic. Training in prolonged exposure (PE) therapy, cognitive processing therapy (CPT), and motivational interviewing is emphasized. The resident acts as part of a multi-disciplinary team comprised of staff in psychology, psychiatry, peer support, and social work. Staff interface with primary care and other mental health providers to provide integrated care for the myriad of physical and mental health concerns of this group. The clinic continues to grow and evolve; thus, the resident will have the opportunity to take part in program development and evaluation. There is a year-long weekly seminar on PTSD and possibility for weekly consultation groups on PE and CPT. The supervisor for this resident position is Abigail Angkaw, Ph.D.

B. Mood Disorders and Interdisciplinary Care: The resident in this position trains half time in the Mood Disorders Psychotherapy Program (MDPP), a specialty outpatient clinic providing assessment and treatment services for mood disorders. The multidisciplinary treatment team includes psychologists, psychiatrists, a peer support specialist, a nurse, a social worker, and a pharmacist. Trainees receive individual supervision and training in diagnostic assessment, as well as third-wave and cognitive behavioral therapies. Opportunities for delivery of services in outpatient and inpatient settings are provided. The resident also trains half time in the Behavioral Health Interdisciplinary Program (BHIP), an interdisciplinary team of psychologists, psychiatrists, LCSWs, nurse practitioners, and LVNs that uses a transdiagnostic approach to provide services to Veterans with a wide variety of mental health concerns (including anxiety, depression, trauma, sleep disturbances, emotion dysregulation, and interpersonal difficulties). The resident will receive training and supervision in the provision of individual and group therapies using cognitive behavioral (CBT) and third wave approaches such as DBT and ACT. Trainees will have a variety of opportunities for research and program development projects in both MDPP and BHIP experiences, skills development in interdisciplinary team-based care, and participation in formal training workshops in VA sanctioned evidence-based treatments. The

primary supervisor for this resident position is Colin Depp, Ph.D., and the secondary supervisor is Natalie Castriotta, Ph.D.

C. La Jolla PTSD: The resident in this position provides assessment and psychotherapy for PTSD for veterans in all service eras and due to all trauma types (combat, military duty, military sexual trauma (MST), interpersonal trauma, and civilian) at the VA Medical Center. Training in prolonged exposure (PE) therapy, cognitive processing therapy (CPT), and motivational interviewing are emphasized. The resident acts as part of a multi-disciplinary team comprised of staff in psychology, peer support, and social work. Staff interface with primary care and other mental health providers to provide integrated care for the myriad of physical and mental health concerns of this group. The clinic continues to grow and evolve; thus, the resident will have the opportunity to take part in program development and evaluation. There is a year-long weekly seminar on PTSD and possibility for weekly consultation groups on PE and CPT. The supervisor for this resident position is currently Abigail Angkaw, Ph.D., but will change by the start of the 2016-2017 training year.

D. Home-Based Primary Care: The resident in this position works on the Home-Base Primary Care (HBPC) team. HBPC provides comprehensive, interdisciplinary primary care services in the homes of older veterans with chronic and disabling disease. HBPC targets veterans in advanced stages of chronic disease, particularly those at high risk of recurrent hospitalization or nursing home placement. The HBPC team includes representatives from medicine, psychology, nursing, pharmacy, social work, physical therapy, and dietetics, and home visits are made both individually and in conjunction with team members from other disciplines. Psychology services within HBPC include the following: 1) Diagnostic, intervention, and prevention-oriented mental health services to veterans enrolled in the HBPC program; 2) Neuropsychological assessment and dementia evaluations with an emphasis on using test results to inform interventions; 3) Consultation and education regarding behavioral health issues to the interdisciplinary team; 4) Individual psychotherapy using CBT, life review, and ACT; 5) couples and family therapy with patients and their caregivers; and 6) Provision of mental health services via telemedicine. In addition to weekly multidisciplinary team meetings, the resident will have the opportunity to attend presentations on geriatric issues available through the Division of Geriatric Psychiatry, the Stein Institute for Research on Aging, and Geriatric Medicine. The primary supervisor for this resident position is Julie Wetherell, Ph.D.

E. Family Mental Health Program (FMHP): The two residents selected for this track both work in the Family Mental Health Program (FMHP). The FMHP specializes in providing conjoint therapy for relationship distress. While all those seeking services are evaluated for treatment potential during a brief telephone screen, the FMHP only offers therapy services to couples. Common couple therapy targets include communication/problem-solving, infidelity and trust, sexuality and intimacy, marriage preparation, and adjusting to major life events (e.g., post-deployment and re-integration issues; approximately 30% of consults are for OEF/OIF

Veterans) amongst those experiencing comorbid physical (e.g., cancer, cardiac disease, diabetes, HIV infection, etc.) and mental health conditions (e.g., major depression, PTSD, etc.). Those seeking family therapy services are currently connected with other resources (e.g., Non VA Care providers, local Vet Centers). The program features an evidence-based approach to assessment and treatment, relying primarily on Integrative Behavioral Couple Therapy (IBCT).

Opportunities to learn emotionally focused couple therapy (EFT) may also be available. The resident will occasionally function as a co-therapist with other mental health providers, but will primarily serve as an independent therapist. The primary supervisor for these resident positions is Brian Buzzella, Ph.D., ABPP.

F. Lesbian, Gay, Bisexual, Transgender (LGBT) Mental Health: The resident in this position works in LGBT Mental Health across various specialty clinics, including: General Mental Health (Behavioral Health Interdisciplinary Program) the Military Sexual and Interpersonal Trauma (MST/IPT) clinic, and the Special Infectious Disease (SPID, HIV) clinic. An LGBT affirmative model of psychotherapy will be the overarching training framework. Given the high proportion of interpersonal trauma that LGBT populations face, specialized training in trauma will be offered through the MST/IPT: including assessment of PTSD using standardized interviews and in providing empirically supported treatments for PTSD, e.g., Prolonged Exposure (PE), Emotion Focused Trauma Therapy (EFTT), and Acceptance and Commitment Therapy (ACT). The MST/IPT clinic receives referrals related to the following LGBT relevant clinical themes: military and non-military bullying and harassment related to gender identity and sexual orientation, parental rejection tied to LGBT identity, sexual trauma as a complicating factor in the coming out process. The resident may also have the opportunity to work with LGBT couples, and in such cases, will learn to apply the Emotion Focused Couples Therapy model to LGBT-specific contextual factors. The opportunity to treat Veterans in individual and group therapy is also provided, as the resident facilitates an LGB group and a Transgender group. The resident also serves as an active member of the San Diego LGBT workgroup. Within this workgroup, the resident has opportunities to participate in LGBT outreach and staff education, LGBT specific clinical program development, hospital wide Health Equality Index (HEI) certification process tasks and other program development duties. The primary supervisor for this resident position is Sarah Nunnink, Ph.D.

G. PTSD/TBI: The resident in this position works in the ASPIRE Center, which is a residential rehabilitation treatment program for veterans with PTSD and TBI. The resident will learn to provide assessment and psychotherapy for PTSD and TBI for recently deployed Veterans within a residential setting. Training in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) for PTSD is emphasized. In addition, the resident will gain experience in the treatment and assessment of TBI including neuropsychological assessment, brief neurocognitive screenings, and cognitive rehabilitation for TBI. Moreover, there are opportunities for the resident to gain experience with the integration of other complimentary and recovery oriented rehabilitation. For example, residents can gain experience with programming aiming to facilitate recovery via housing and community supports, employment, education, or exercise. The resident

will act as part of a multi-disciplinary team comprised of staff in psychology, psychiatry, nursing, chaplains, addiction therapy, vocational rehabilitation, social work, and peer providers.

The resident will coordinate care with primary care and other mental health providers to provide integrated care for the myriad of co-morbid physical and mental health concerns. The primary supervisor for this resident position is Lori Haase, Ph.D.

H. Psychosomatic/Behavioral Medicine Program: The three residents in this position will work in the Psychosomatic/Behavioral Medicine Program, which is an interprofessional program focused on assessing and treating the behavioral, psychological, social, and biological factors that impact illness, health, and quality of life (i.e., biopsychosocial approach to health and illness). The program spans both inpatient and outpatient medical settings. The description for each of the three positions are below:

1. La Jolla Primary Care Mental Health Integration (PCMHI) & Psycho-Oncology:

PCMHI – Fellows will provide co-located MH services in primary care Patient Aligned Care Teams (PACT) including brief, focused assessment and treatment using evidence-based interventions and consultation with PACT teams for patients presenting with mild to moderate symptoms (e.g., depression, anxiety), psychosocial stress, and health risk behaviors. Fellows will work with PCMHI team (psychology, MH nursing and psychiatry), primary medical (nursing, physician) and ancillary services (pharmacy, social work, nutrition) within PACT. The goal of this placement is for fellows to become proficient in working collaboratively with a treatment team and to provide brief evidenced-based interventions in the primary care setting.

Psycho-Oncology – Fellows will provide co-located psycho-oncology services in outpatient Hematology/Oncology clinics as well as perform focused assessment and interventions for inpatients and those undergoing infusion treatments. Services include screening for cancer-related psychological distress, assessment of general mental health, interventions to promote adjustment to diagnosis and treatment, encouraging compliance with treatment recommendations, and referral to additional supportive services. Fellows will work interprofessionally with a number of treatment providers and will also attend weekly Tumor Board Case Conference.

The primary supervisor for this resident is Pia Heppner, Ph.D.

2. Inpatient Consultation Liaison (C&L) Service & Pain Clinic Service:

Inpatient Consultation Liaison (C&L) Service – The fellow will spend half of their week in the C&L Service providing assessment and treatment recommendations for Veterans on the inpatient medical and surgical units. These units include the ICU and DOU, the Spinal Cord Injury Unit and the Community Living Center. Typical referrals include delirium, dementia/cognitive disorders, capacity evaluations, and mental health symptoms. Interventions include pharmacotherapy as well as crisis intervention and supportive

psychotherapy. Nearly half of Veterans seen in C&L are over 65 years old with typical requests for assessment and consultation on cognitive disorders and behavioral issues, providing a unique opportunity for fellows to gain the necessary training and experience to address the needs of this underserved population.

Pain Clinic Service – The fellow will spend half of their week as part of the pain clinic service that provides both medical and procedural interventions for pain conditions as well as behavioral interventions for pain management. Patients commonly present with comorbid psychiatric conditions. The structure of the clinic is a team-based delivery model with anesthesia, physicians, nurses, and psychologists. The team is involved in both inpatient and outpatient services. The staff supports mental health attendance at procedures and “warm handoffs” from pain clinic medical providers during their office visit times. The fellow will participate in several interprofessional rounds, team treatment meetings, and pain committees to broaden their experiences and skills as a psychologist contributing to pain management services in a biomedical environment.

The primary supervisor for this resident is Thomas Rutledge, Ph.D.

3. ***Mission Valley Primary Care Mental Health Integration (PCMHI) & Tobacco Cessation:***

PCMHI - Fellows will provide co-located MH services in primary care (PACT) including brief, focused assessment and treatment using evidence-based interventions and consultation with PACT teams for patients presenting with mild to moderate symptoms (e.g., depression, anxiety), psychosocial stress, and health risk behaviors. Fellows will work with PCMHI team (psychology, MH nursing and psychiatry), primary medical (nursing, physician) and ancillary services (pharmacy, social work, nutrition) within PACT. The goal of this placement is for fellows to become proficient in working collaboratively with a treatment team and to provide brief evidenced-based interventions in the primary care setting.

Tobacco Cessation - The goal of this placement is for trainees to become proficient in evidence-based treatment for tobacco use, and to gain skills for motivating veterans to quit tobacco use. Tobacco cessation treatment is primarily cognitive-behavioral, and focuses on skills for managing urges to smoke, coping with high-risk situations and relapse prevention. Motivational interviewing skills and strategies are an important part of services provided by the program, which includes a motivational enhancement group and a telephone-delivered treatment engagement intervention. Trainees will also become knowledgeable regarding medications commonly used for tobacco cessation.

The primary supervisor for this resident is Joshua Ruberg, Ph.D.

I. *Psychosocial Rehabilitation (PSR)*: Two psychology residency positions in PSR are contained within the VASDHS Interprofessional Fellowship in Psychosocial Rehabilitation and Recovery Oriented Services (PSR Fellowship), which is part of a [national program](#) composed of six VA

sites. The purpose of the PSR Fellowship is to train residents in multiple disciplines (psychology, social work, occupational therapy, vocational rehabilitation, nursing, psychiatry) to function in leadership positions on interprofessional teams working with veterans with serious mental illness (SMI). Psychology residents in the PSR Fellowship are a part of, and adhere to the requirements of, the general VASDHS/UCSD psychology postdoctoral residency program, and the fellowship accepts residents from two other disciplines each year. More information can be found in the PSR Fellowship brochure, at http://www.sandiego.va.gov/careers/psychology_training.asp. All PSR Fellowship residents are trained to deliver evidence-based PSR practices for veterans with psychotic disorders, disseminate these approaches, and critically evaluate new approaches. The recovery-oriented PSR approach encourages veterans to develop personalized living, learning, working and socializing goals and empowers them to participate actively in treatment by choosing from a menu of treatment choices, including inpatient and outpatient services, medication management, supported employment, occupational therapy, psychoeducation, social skills training, illness management and recovery, cognitive behavioral and acceptance and commitment therapies for psychosis, substance use/dual-diagnosis treatment, case management, and community integration efforts. Residents have the opportunity to receive training in any of these PSR practices appropriate to their discipline. The goal is to improve functioning and quality of life in veterans with SMI. Development, implementation, and dissemination of evidence-based psychosocial rehabilitation practice through research are also high priorities in the field of PSR. PSR residents receive training in this area through seminars, the development of a program evaluation, research or dissemination project, and opportunities to present their research and supervise other trainees.

Clinical training in the PSR track occurs primarily within the Center Of Recovery Education (CORE), the VASDHS's Psychosocial Rehabilitation and Recovery Center. Residents also have the option of spending some time working in inpatient psychiatry and the Wellness and Vocational Enhancement (WAVE) clinic. Residents' individual training needs/interests will determine the proportion of time allocated across settings. This clinical training model provides experiences with all key integrated PSR services across inpatient, outpatient, and community-based settings, while being flexible enough to accommodate individual interests and training needs. This balance will be determined in collaboration with the supervision team and approved by the PSR Training Director. All PSR residents assist veterans in developing and following recovery plans and provide individual and group-based PSR services.

The Training Director of the PSR Fellowship is Dimitri Perivoliotis, Ph.D.

Supervision

Residents receive at least four hours of supervision per week, and at least two of these hours are individual supervision with a licensed psychologist. At least one hour of weekly individual supervision comes from the primary supervisor. Additional individual supervision comes from secondary supervisors, who may be selected for individual cases or to provide regular supervision throughout the year. Individual supervision involves direct observation of clinical care or use of video/audio recording. Additional supervision

may come from group supervision. Supervision assignments are documented in the training plan.

Residents also have an opportunity for training in providing supervision by supervising the clinical work of a psychiatry resident, clinical psychology intern, clinical psychology practicum student or other trainee. The clinical psychology resident's primary supervisor will supervise this supervision experience. We offer 6 hours of training in "Supervision in Clinical Psychology" during the sixth month of the training year (approximately February-March).

Seminars

All psychology postdoctoral residents are required to attend the **Professional Development Seminar**. This seminar meets once per month (1st Wednesday of the month) for 60 minutes for the entire training year and focuses on professional development issues. It is led by Brian Buzzella, Ph.D., ABPP and Laurie Lindamer, Ph.D.

All residents are also required to attend a **Laws and Ethics Seminar** (during October). The 2-hour ethics portion of the seminar covers: 1) code of conduct, 2) avoiding ethical complaints, 3) patient-therapist relationship issues, 4) record keeping guidelines, 5) forensic issues, and 6) research ethics. The 2-hour legal portion of the seminar covers: 1) informed consent, 2) HIPPA, 3) confidentiality, 4) reporting laws, and 5) an individual's access to their own medical record. It is organized by the VA psychology training directors, including Sandra Brown, Ph.D., ABPP, Amy Jak, Ph.D., ABPP, Brian Buzzella, Ph.D., ABPP, Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

All residents are required to attend the **Substance Use Disorders Seminar** (unless they already have fulfilled this California licensure requirement). This seminar meets weekly for 60 minutes for a total of 15 meetings. The content of the seminar covers the required areas to meet the California Board of Psychology licensure requirement on the evaluation and treatment of alcohol and other substance use disorders. It is organized by Ryan Trim, Ph.D.

All residents are required to attend a **Cultural Diversity Seminar**. This seminar meets approximately twice per month (dates are skipped near holidays) for 60 minutes for a total of 13 meetings (2nd and 4th Wednesdays of each month). It incorporates didactic presentations with case presentations by residents. Potential topics are decided by the seminar leader with input from the residents and include: cultural competence in psychotherapy, assessment and treatment of lesbian, bisexual gay, transsexual (LBGT) clients, assessment and treatment of persons with disabilities, acculturation models for various ethnic minority groups, and diversity issues in the supervisory relationship. It is led by Emmanuel Espejo, Ph.D.

All residents are required to attend **Supervision in Clinical Psychology Seminar**. This seminar meets for 6 hours during the middle of the training year (February-March). The content of the seminar covers the required areas to meet the California Board of Psychology licensure requirement supervision. Topics include: 1) models of supervision, 2) clinical competency, 3) goals of supervision, 4) reducing anxiety in supervision, 5) silence, 6) countertransference, 7)

supervision and ethics, 8) risk management, 9) self-care for the therapist and supervisor, and 10) diversity awareness. It is organized by the VA psychology postdoctoral training directors, including Brian Buzzella, Ph.D., ABPP, Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

Clinical Psychology Postdoctoral Residency Seminar: Those psychology residents in the Clinical Psychology Postdoctoral Residency Program will meet monthly (3rd Wednesday of each month) for 60 minutes for the entire training year. This seminar provides the opportunity for residents to check-in with the training director about their experiences in the training program and to participate in additional professional development activities. It is led by Brian Buzzella, Ph.D., ABPP and Autumn Backhaus, Ph.D.

Evidence-Based Practices Seminar: Those psychology residents in the Clinical Psychology Postdoctoral Residency Program will meet weekly (Wednesdays 1-2 pm) for approximately four months following the completion of the Substance Abuse Seminar. This seminar provides multi-hour training in evidence-based practices commonly utilized within the VA mental health system. It is led by Brian Buzzella, Ph.D., ABPP.

Rotation Specific Seminars: Many of the Resident positions have seminars that are specific to their rotation. Please speak to your supervisor about what other seminars might be required, specific to your Resident rotation.

Other Educational Opportunities for Postdoctoral Fellows

Fellows also have the opportunity to attend the following optional educational seminars, held weekly:

Psychiatry Department Grand Rounds: Range of topics from molecular biological approaches for psychiatric disorders to public policy implications of psychiatry.

Psychology Internship Seminar: Advanced seminars on interventions, assessment, diversity, and professional development.

Research/Dissemination Project Opportunities and Expectations

Training in research/dissemination is increasingly complex, with initial support being offered through meetings with one's primary supervisor, brainstorming ideas and presenting to the residency group, leading to execution of projects under guidance, and ultimately more autonomous presentations at public/community agencies and professional meetings. Training in research/dissemination will consist of a program evaluation, research or dissemination project that is developed by the resident and overseen by the research / dissemination mentor (typically the primary supervisor). Residents spend up to 8 hours per week on the research/dissemination project. Some residents elect to spend additional hours on research outside the 40-hour week. The project is limited in scope so that it may be achieved within the training period and supports the focus area. Some examples include involvement in an ongoing clinical research program, writing a research article using preexisting data, writing

a review paper or case study, developing a treatment manual, development of training in an evidence-based practice for other professionals, implementing a new intervention service and conducting program evaluation of outcomes, and writing a grant. Training in dissemination and supervision occurs in seminars and journal clubs offered for residents in this program. Opportunities to teach and/or provide clinical supervision are made available. Residents have an opportunity to present their projects locally or at national conferences. For example, a resident might choose to evaluate client satisfaction and other key outcomes in one of the programs where they provide clinical services, before and after they implement an intervention they design or modify from existing validated interventions (e.g., using Cognitive Behavioral Therapy (CBT) approaches in a novel way to promote behavior change). Residents can also develop a project from existing data in one of many federally-funded labs. The nature of this project will be determined in collaboration with the supervision team.

Core Competencies

Core competencies are those skill sets that are essential to all practicing academic psychologists. Residents are expected to develop expertise in the core competencies by the end of the program. The core competencies address the professional psychological competencies, skills, abilities, proficiencies and knowledge in the content areas outlined in the *APA Guidelines and Principles for Accreditation (G&P)*. The core competencies are listed below (Appendix A shows the specific competencies that are taught or developed and evaluated for each core competency domain on the “Supervisor's Evaluation of Resident & Resident Self-Evaluation” form).

I. Psychological Assessment, Diagnosis, and Consultation (G&P Domains: “Theories and effective methods of *psychological assessment, diagnosis* and interventions,” and “*Consultation*, program evaluation, supervision, and/or teaching”): By the end of the residency, residents should be able to formulate a multi-axial diagnosis by integrating data from a variety of sources, including clinical interview, family history, medical history, mental status examinations, and psychological testing data. All residents must demonstrate expertise in psychological assessment. By the end of the residency, the resident should be able to develop a testing battery to answer a specific referral question, administer and score a wide variety of psychological tests in a standardized fashion, interpret test data, integrate test data with history and other sources, write a report that clearly answers the referral question, and provide clear, relevant, treatment recommendations. All residents must be able to assist consumers and other providers in formulating treatment plans and setting attainable treatment goals, as well as linking consumers with needed resources to achieve them.

II. General Principles of Evidenced-Based Interventions (G&P Domain: “Theories and effective methods of psychological assessment, diagnosis and *interventions*”): All residents are expected to understand and demonstrate an advanced understanding and application of psychotherapeutic techniques common to all theoretical approaches including empathy, rapport, relationship building, and history-taking, and must become

proficient in the procedures involved in specific individual and group evidence-based practices relevant to their position and rotations.

III. Rehabilitation and Recovery (G&P Domain: Theories and effective methods of psychological assessment, diagnosis and *interventions*): The goal of psychiatric rehabilitation is to enable individuals to transcend limits imposed by mental illness, social barriers, internalized stigma and second-class personhood, so that the individual can achieve their goals and aspirations in living, learning, working and socializing roles. To this end, residents must instill hope in verbal communication, make encouraging statements regarding an individual's potential for recovery, and promote hopefulness for recovery, including identifying strengths. Residents must emphasize treatment choices and participation in the healthcare process, and integrate the use of community resources and entitlement programs into treatment planning and goal achievement. Residents must also communicate with family members, friends, neighborhood and other natural community supports when appropriate to support efforts to change and goal attainment.

IV. Laws and Ethics (G&P Domain: "Professional conduct, ethics and law, and other standards for providers"): Postdoctoral residents must demonstrate sound professional clinical judgment and behavior in the application of assessment and intervention procedures with individuals; familiarity with and understanding of professional and legal standards in professional psychology, and a thorough working understanding of APA ethical principles and standards.

V. Cultural Diversity (G&P Domain: "Issues of cultural and individual diversity"): Residents are expected to demonstrate expertise in cultural diversity. Cultural and ethnic issues cut across all core competency areas. Residents develop expertise in cultural diversity through exposure to a multiethnic staff and patient population, through coursework, clinical supervision and consultation. By the end of the residency, residents are expected to 1) identify cultural/ethnic issues relevant to the case; 2) explain how these issues affect psychiatric presentation, psychological test data, response to staff and treatment interventions, and 3) modify assessment/treatment approach based on supervisory and consultant input. The VASDHS has a culturally diverse patient population, which ensures adequate contact to develop skills in this area.

VI. Supervision (G&P Domain: "Consultation, program evaluation, *supervision*, and/or teaching"): Residents receive supervision and are provided opportunities to supervise other providers (e.g., clinical psychology interns and practicum students), under the guidance of their own supervisor. Residents come to supervision prepared to discuss cases, including but not limited to providing video- or audio-tape of sessions and using theoretical framework to describe a case, assessment or treatment plan. Residents seek supervision for complex cases, and communicate in a professional manner with supervisors and supervisees. Open discussion and acceptance of constructive feedback during supervision is essential to the learning process.

VII. Clinical Research/Dissemination Skills (G&P Domains: “Consultation, program evaluation, supervision, and/or *teaching*” and “Strategies of scholarly inquiry”): Postdoctoral residents receive training in program evaluation and clinical research. These include the following skills: a) formulating testable hypotheses / identifying a service need; b) designing and carrying out a research/program evaluation project; c) presenting findings to other professionals.

VIII. Organization, Management and Administration (G&P Domain: “Organization, management and administration”): Residents must use time-management skills to maintain an efficient practice, comply with program and local facility policies and procedures that support training and patient care, and complete administrative tasks that support training and patient care, in order to function as effective practitioners.

IX. Interprofessional Practice (G&P Domains: “Theories and effective methods of *psychological assessment, diagnosis* and interventions,” and “*Consultation, program evaluation, supervision, and/or teaching*”): Residents receive training in interprofessional practice including clarity regarding roles, approaches, and resources. Residents develop expertise in interprofessional practice through team-work and communication. By the end of the residency, they are expected to collaborate effectively with other professionals in practice and in research.

Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence

The program is organized and administered in such a way that respect for and understanding of cultural and individual diversity of faculty, staff, residents and consumers is fundamental and a core part of training at the VASDHS. According to the 2008 US Census, 43% of adults in San Diego County are minorities, and veterans with mental illness in San Diego County are from diverse backgrounds.

Each resident will receive training regarding sensitivity to issues of cultural and individual diversity. Issues related to cultural and individual diversity are covered in an 8 week seminar and also are discussed in other seminars. Issues related to cultural diversity are included in the evaluation forms filled out by the residents concerning their supervisors, and supervisors are encouraged to make discussion of such issues an integral part of case conceptualization and treatment strategy development. Prior to graduation, each resident is required to write about an important cultural diversity experience during the year including what they learned and how they benefited from supervision. Each resident also completes the California Brief Multicultural Competence Scale at the beginning and the end of the training year to assess the change in their level of cultural competence.

Evaluation Process

Supervisors and residents are expected to exchange feedback routinely as a part of the supervisory process; the evaluation procedures are meant to formalize this continuous

information flow. It is the responsibility of the Training Director and supervisors to ensure that evaluation occurs in a timely and constructive fashion, and residents are encouraged and expected to take an active role. To that end, it is essential that residents understand the philosophy and logistics of evaluation as they begin training. The Training Director will review the overall evaluation process during initial orientation processes, and each individual supervisor should review exit competencies for the specific position at the beginning of the year.

In collaboration with their supervisors, residents will complete a self-assessment of their own skills and knowledge for each core competency at the beginning of the training year. Strengths and weaknesses that emerge from this self-assessment, as well as the resident's application materials, would be discussed with supervisors in developing a training plan. Supervisors will complete competency-based evaluations of residents at mid-year and end-of-training. The mid-point evaluations are intended to be a progress report for residents to increase self-awareness and awareness of supervisor's perceptions, discrepancies between self-ratings and supervisor ratings, and to help the Resident focus on specific goals and areas of needed improvement as training progresses. We use a developmental rating scale to evaluate resident competencies. The minimum threshold expected of residents in order to graduate from the program is 80% of the total competency items rated 8 ("able to function independently most of the time") by the end of the training year. In the event that a supervisor suspects that a resident is not fulfilling critical competencies, Due Process procedures are in place to work towards resolution of the problem if possible. The Due Process procedure is reviewed in detail with residents at the beginning of the year.

Residents will also be asked to provide a written evaluation of each supervisor at end-of-training. This evaluation of the supervisor and the supervisor's evaluation of the resident are discussed by the resident and supervisor to facilitate mutual understanding and growth.

As part of a continual quality improvement plan, the Training Director(s) will conduct a self-study with residents at mid-year and at the conclusion of each training year. The areas reviewed are caseload mix and volume, balance of activities (clinical, teaching, research), amount and quality of supervision, adequacy of facility resources, and professional relationships between the residents and other healthcare professionals. The findings and minutes are distributed to the entire faculty for review and action when appropriate.

Application and Selection Process

Each applicant is asked to submit the following materials:

1. The VASDHS/UCSD Clinical Psychology Postdoctoral Program Cover Sheet (see page 21).
2. A brief statement of interest (maximum 2 pages), with the following: The emphasis area to which you are applying and why, a brief summary of educational, clinical

and research experiences relevant to the specific area of interest, a summary of your training needs and goals for the residency, and a statement of your career goals. **If you are applying to more than one emphasis area, please submit a separate letter of interest for each area.**

3. A current curriculum vitae or resume.
4. Three letters of reference, preferably from clinical and research supervisors.

Materials should be submitted by email to vafellowship@ucsd.edu. The application deadline is **7:30 am on December 21, 2015**. Late applications will be considered only for positions that are not filled by applicants who applied by **December 21st**. Applicants should be available for interview on **February 5, 2016**. Other interview dates and phone interviews may also be possible.

Selection of residents is done by our Postdoctoral Selection Committee (consisting of the Training Director and supervisors for each emphasis area) with input from other psychologists in each emphasis area using the following criteria (not in order of priority):

- 1) breadth and quality of previous general clinical training experience,
- 2) breadth, depth, and quality of training experience in the specific area of emphasis,
- 3) quality and scope of scholarship, as indicated partially by research, conference presentations, and publications,
- 4) relationship between clinical and research interests/experience of the applicant,
- 5) evidence of accomplishments,
- 6) thoughtfulness of information provided in the cover letter,
- 7) goodness of fit between the applicant's stated objectives and the training program and medical center's resources,
- 8) strength of letters of recommendation from professionals who know the applicant well.

The top three applicants in each emphasis area are invited to interview with the primary supervisor and other relevant faculty. The applicants are reassessed based on their interviews using similar criteria to those stated above, with the opportunity to obtain further and clarifying information as needed, as well as an assessment of interpersonal skills. Final admission and hiring of residents is dependent on VASDHS Human Resources Service approval, which includes a federal background check, physical examination, and education/credential verification.

The program is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities. We provide a supportive and encouraging learning environment for students, regardless of ethnic background or physical needs, and applicants from diverse backgrounds are encouraged to apply.

The program has nondiscriminatory policies and operating conditions and avoids any

actions that would restrict program access and participation. In recent years, California state law and University of California policy have prohibited the specific inclusion of race/ethnicity factors in the recruitment of staff and faculty. More recently, however, the University has initiated an Equal Opportunity/Affirmative Action Program to increase faculty and staff diversity with some success. There is no discrimination in faculty hiring and retention practices, resident recruitment and selection processes, or patient eligibility criteria concerning access to the various evaluation and treatment programs.

Contacting the Psychology Service

The Psychology Service offices are open for business Monday through Friday, 7:30AM-4:00PM Pacific Standard Time, except on Federal holidays. The Psychology Training Program can be reached at the following address and contact information:

Psychology Postdoctoral Residency Program (116B)
VA San Diego Healthcare System
3350 La Jolla Village Dr
San Diego, CA 92161
Telephone: (858) 552-8585 x3944
Fax: (858) 552-7414
Email: vafellowship@ucsd.edu

The psychology postdoctoral residency program website is located at:
http://www.sandiego.va.gov/careers/psychology_training.asp.

VASDHS/UCSD CLINICAL PSYCHOLOGY
POSTDOCTORAL RESIDENCY PROGRAM
APPLICATION COVER SHEET

Name:

Email:

Telephone number:

Please include this cover sheet and indicate which position you are applying. You must submit **separate applications if you are applying for more than one position.**

- _____ Geropsychology and Home-based Primary Care
- _____ Mood Disorders and Suicidality
- _____ Lesbian, Gay, Bisexual, and Transgender (LGBT) Mental Health
- _____ Posttraumatic Stress Disorder (stationed at La Jolla Medical Center, all combat eras, all trauma types)
- _____ Posttraumatic Stress Disorder (Mission Valley CBOC, all combat eras, combat and military trauma)
- _____ Posttraumatic Stress Disorder and Traumatic Brain Injury (TBI)
- _____ La Jolla Primary Care Mental Health Integration (PCMHI) & Psycho-Oncology
- _____ Inpatient Consultation Liaison (C&L) Service & Pain Clinic Service
- _____ Mission Valley Primary Care Mental Health Integration (PCMHI) & Tobacco Cessation
- _____ Family Mental Health
- _____ Psychosocial Rehabilitation and Severe Mental Illness

The VA requires that all **psychology** postdoctoral residents be U.S. citizens who have completed an APA accredited doctoral program and internship. This means that you may not begin fellowship until you have defended your dissertation and completed all degree requirements associated with receipt of the Ph.D. This must occur by the start of the fellowship year. Men from psychology and non-psychology disciplines must have registered for the draft by age 26. **Please do not apply if you do not meet these criteria** as we will not be able to review your application.

Application Checklist:

- _____ 2-page (max) letter explaining interest and experiences relevant to the position applied
- _____ Curriculum vitae or resume
- _____ Three letters of recommendation

Materials should be submitted by email to vafellowship@ucsd.edu. The **application deadline is 7:30 am on December 21, 2015.**